



CALIFORNIA STATE UNIVERSITY, SACRAMENTO
COLLEGE OF CONTINUING EDUCATION

ON-SITE REGISTRATION AGREEMENT

MAIL OR FAX TO: Lowela Anunciacion – 3000 State University Drive East – Sacramento, Ca 95819
Fax: (916) 278-3685

Name of Class/Conference: _____

Date(s): _____ **Location:** _____

ATTENDEE INFORMATION

Name: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ **Fax:** _____

PAYMENT INFORMATION

PAID: ☐ **Reg. Fee:** \$ _____ **Other:** \$ _____

Credit Card: ☐ **Type** (Visa, MasterCard) **Card #:** _____

Explain "Other" Fee: _____

Exp. Date: _____ **Signature:** _____

Check #: _____

Received by CCE/CSUS: _____

NOTE: THIS FORM IS NOT A RECEIPT IF PAYING BY CREDIT CARD.

NOTE: This is a binding payment agreement which reserves enrollment space in the conference for the attendee listed. Upon the receipt of this form, CCE will consider the attendee formally enrolled in the class/conference.

Signature of Attendee: _____ **Date:** _____

Signature of Authorized Company/Agency Representative: _____ **Date:** _____